PRINTED: 06/28/2016 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL078067 06/09/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 941 GOINS ROAD MORNING STAR AL #4 PEMBROKE, NG 28372 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY C 000 C 000 Initial Comments Report of a Biennial Survey by Billy S. Bryant conducted on D8/09/2016. Records indicate this facility was first licensed on 08/03/1992 as a 12 bed Assisted Living facility and since 2008 has operated as a 12 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1991(1992 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost: This Rule is not met as evidenced by: Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 06/28/2016 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL078067 06/09/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 941 GOINS ROAD MORNING STAR AL #4 PEMBROKE, NC 28372 SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) GROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 101 C 101 Continued From page 1 The manual override Based on observation the facility does not on the openial lacting system has been fixed meet building code requirements in effect at the time of conversion or alteration for a special care unit with a special looking system. too access to the Finding on 06/09/2016: a. The key for the manual override on the special locking system did not work on 2 out of the 3 Hey for the manual everride system and has been showed the doors. b. Each staff member responsible for evacuation did not have a key to operate the manual override system. correct way to open the C 111 C 111 Must Have Current San. & Fire Safety Reports doors . SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(a) The sanitation report,
fire afficients some inspection report and fire openities to assert an expection report was faxed to the surveyor on 6/10/16 by the administrator. f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on an interview with the provider. sanitation and fire and building safety inspection reports were not available for review by the surveyor. Finding on 06/09/2016: a. A current building sanitation inspection report, fire official's inspection report, fire sprinkler system inspection report and fire alarm inspection report were not available for the surveyor's review at the time of the inspection. C 164 C 164 Housekeeping and Furnishings-Clean, Repaired

FIOD24

Division	of Health Servic <u>e Re</u>	gulation				
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/OLIA	, ,	E CONSTRUCTION	(X2) DATE:	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	: 01	COMP	LLIED
		1141 078007	B. WING		00/0	9/2016
		HAL078067			1 00/0	3/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MORNIN	G STAR AL #4	941 GOIN	8 ROAD KE, NG 283	72		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION	ON	()(5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SQ (DENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL GROSS-REFERENCED TO THE APPRO		DATE
TAG	REGULATORTORE	SCIDENTIFYING INFORMATION	100	DEFICIENCY)		
C 184	Continued From pa	ge 2	C 164			
	SECTION .0300 - F					
		06 HOUSEKEEPING AND				
	FURNISHINGS (a) Adult care home	on abail:				
		ings, and floors or floor				
	coverings kept clea	n and in good repair;				·
		unpleasant odors; slean and in good repair;				
		apply to new and existing				
	facilities.		1 - a	texterior openater roy the metal door we be cleaned and par	om =	8),1,6
	This Rule is not me	at an avidanced by	1- 67	Win metal door we	ر ف	11/16
	Based on observ	ration the wall, doors, and door		be algored and pour	.∕/}• €.d// -	
	frames have not be	en kept clean and in good		# Resident rooms - all doors will be cleaned	,	.1.
	гераіг.			# Resident rooms - all	01	8/1/26
	Findings on 06/09/2	2016:		in see cleaned	į ane	ى در
	a. Throughout the f	acility doors, door frames are		00013 0000		
		d and in need of repair.		painted. * Visitors Men's Room Du door frame at the latch strike plate w	_	
	Specific examples of following:	are listed but not limited to the		* Visitors Men's Loom		8/1/14
				My drov frame at the	1-11	1/16
		toom - The metal door is		and style plate w	عط عد	
	rusted Resident Rooms	Door from rooms to corridors		Later Si		
		om - The door frame is		repaired.		
	damaged at the late			Y Dions room - Sice po	ung.	8/1/14
	Dining Room - The	paint is peeling from the door, he door facing is detaching		will be needed off a	nce	/ // Q
	from the door stile.	ne door racing to dotterg		was and		
		milan dan mellenga kacamanak		repainted.	م د داد	8/11
	2. Based on observ been kept clean an	ration the ceilings have not		& Resident room - Jule	C1007	11/16
	Seen rept Gean an	20 111 Material calcium.		Resident room - She facing will be free		. , 4
	Findings on 06/09/2	2016:	1	السيم وهذور	andiat	D#-, 1
	a. Celling Near Mer	n's Room - The HVAC grille er above the grille are clogged	2·a)	She HUAC Street Ches	المممما	7/22)16
	with dust.	of divise rue Arms and divided		domper has been c	adiade	n
		5 - 15 /A /5 H	[d	She HVAC grille and of the HVAC grille and re	۰۰۰ سود پرېم ا ـ م ـا	7)20/14
Shaining of the	b. Dining Room - 1	The HVAC grille and radiation		domper has been clear	VEC -	100116

6844

Division	of Health Service Re	equiation			FORM APPROV
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPFLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPI A. BUILDING	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
		HAL078067	s. WIŅG		06/09/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, ZIP CODE	
МОРЫН	G STAR AL #4	941 GOIN	S ROAD		
MOUNT	G O IAR AL #4	PEMBRO	KE, NC 283		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SQ IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL GROSS-REFERENCED TO THE APPRO DEFICIENCY)	DIRE COMPLET
C 164	damper above the g	ge 3 grille are ologged with dust. haust grille and radiation grille are clogged with dust.	C 164 Č)	Ale exhaust qu'ille nadration damper als The guille will be clea	and 7/22/1
	kept clean and in go a. Main Hallway - V damaged.	CT floor tiles are cracked and	3.4)	She main hallwa ver floor tile that of cracked and domas will be replaced.	8/./.c
	•	oor tiles are missing. or tiles are cracked and	6)	bloor tile that is m	S),))
	4. Based on observ	vation the resident room furnishings are worn and	٥	The kitchen UCT tiles are cracked and don will be replaced.	sthat 8/1/1
	missing or were off	ght stand drawers were the drawer slide rails.	ð		De 8/1/14
,	marred.	resser finishes are worn and	4. ઢ	sue night stand wit	10 De 8/1/14
C 166	SECTION .0300 - F 10A NGAG 13F .03 FURNISHINGS	06 HOUSEKEEPING AND	C 166	She out the wall be replaced. The night stand with replaced. The resident room definishes will be re-	resser paired - 8/1/1
	orderly manner, free hazards;	es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing			

F(0D21

PRINTED: 06/28/2016 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		A. BUILDING:	COMPLETED		
			B. WING		00/00/0046
		HAL078067			06/09/2016
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE	
MORNIN	G STAR AL #4	941 GOIN	KE, NC 283	72	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	D BE COMPLETE
C 166	Findings on 06/09/2 a. The exterior spring material spilled on the reaction on the fire door to the room with the spaces - Floors needs. Adjacent to Launobstructed by store 2. Based on observe maintained in a material spilled in a material spilled in a locked room and the spilled in a locked room and spi	et as evidenced by: ot been maintained in an ind orderly manner. 2016: hkler room floor slab has a the floor is causing a corrosive sprinkler piping and the metal hich are rusting. and Public Area Rooms and ed cleaning and waxing. dry - Electrical panels are d items. ation the facility is not hiner that is free of hazards;	(a)	She places will be chand warred. She cleaned of and it that are obstructed storage when on the building in for the story to a they has been placed in the building in for the story.	eaned 8/1/14 will ems 7/8/16
	staff. Fire Safety-Reheam SECTION .0300 - F 10A NCAC 13F .03 EVACUATION (b) There shall be quarterly on each s requirement of the Enforcement Official (c) Records of rehe and copies furnishes social services ann	sals on Each Shift PHYSICAL PLANT 09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code	¢ 185		

F10D21

PRINTED: 06/28/2016 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND FLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING 06/09/2016 HAL078067 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 941 GOINS ROAD MORNING STAR AL #4 PEMBROKE, NC 28372 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION OOMPLETE DATE ID PREFIX (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX GROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 185 C 185 Continued From page 5 1- a) Sher fire drill retrained to the surveyork office by the administrator shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on an interview with the provider the facility did not comply with the rule to maintain records of fire drill rehearsals. Finding on 06/09/2016; Records of fire drill rehearsals were not available for the surveyor's review at the time of the inspection. C 189 C 189 Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation there is a failure to maintain electrical emergency/safety related a) The exist eight has been ordered and will be replaced by the alarm equipment in operating condition. This could effect occupants of the facility if exits and corridors were not illuminated during a power. outage. Finding on 06/09/2016: The combination directional exit

FI0D21

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X2) DATE SURVEY COMPLETED			
		HAL078067	B. WING		06/0	9/2016	
NAME OF I	ROVIDER OR SUPPLIER	STREET AD	DRESS, OITY, 6	STATE, ZIP GODE			
MORNIN	G STAR AL #4	941 GOIN PEMBROI	S ROAD KE, NC 283	72			
(X4) IO PREFIX TAG	(RACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOUL (#ACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROX DEFICIENCY)	D BE	COMPLETE DATE	
C 189	Continued From pa	ge 6	C 189				
	light/emergency ligh	nt is not working.	۵	N			
	b. Dining Room - Ti light did not work w	ne wall mounted emergency hen tested.	り	the amergency eight will be fixed by the claim company.	h. 7	7)29/14	
	maintained in a safe maintain fire safety condition. Failure to equipment in opera occupants of the fa not function as nee Findings on 06/09/2 a. Fire Extinguisher extinguishers are no b. Med Room - The damaged. 2. Based on observ maintain plumbing condition.	2016: 18 - Monthly checks of the of being conducted. 19 radiation damper is sation there is a failure to furnishings in operating	a) b)	The fire antinguished and will continue be monitored each the ecc. The radiation danger be repaired	so to to	7/8/16	
	Finding on 08/09/20 a. Small Restroom sink faucet is missi	 The cold water knob for the 	رپه يو	the cold water know for the sent parced has been replaced	L.	70114	
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191	,			
	maintain 75 degree winter design condi following shall appli appliances.						

MANE OF PROVIDER OR SUPPLIER A BILLIONS OF STREET ADDRESS, CITY, STATE, ZIP CODE A BILLIONS OF STREET ADDRESS, CITY, STATE, ZIP CODE A BILLIONS OF STREET ADDRESS, CITY, STATE, ZIP CODE A BILLIONS OF STREET ADDRESS, CITY, STATE, ZIP CODE A BILLIONS OF STREET ADDRESS, CITY, STATE, ZIP CODE A BILLIONS OF STREET ADDRESS, CITY, STATE, ZIP CODE A BILLIONS OF STREET ADDRESS, CITY, STATE, ZIP CODE A BILLIONS OF STREET ADDRESS, CITY, STATE, ZIP CODE A BILLIONS OF STREET ADDRESS, CITY, STATE, ZIP CODE A BILLIONS OF STREET ADDRESS, CITY, STATE, ZIP CODE A BILLIONS OF STREET ADDRESS, CITY, STATE, ZIP CODE A BILLIONS OF STREET ADDRESS OF S	Division of Health Service Regulation							
MORNING STAR AL. #4 PAGENCE (ACAH DESIGNATIVE OF DESIGNATION PEMBROKE, NC 28372 Continued From page 7 Continued From page 7 Provided an including feelities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility failed to comply with the rule prohibiting portbala elactrical heaters were in use in the room. C 196 Hot Water System SECTION. 0300 - PHYSICAL PLANT 10A NACA 138 - 0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, isundry, housekeaping closes and soil uitility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility failed to comply with the rule prohibiting portbala elactrical heaters. Ending on 06/09/2016: a. Exterior Fire Sprinkler Room - Two portable heaters were in use in the room. C 195 Hot Water System SECTION. 0300 - PHYSICAL PLANT 10A NACA 138 - 0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, isundry, housekeaping closes and soil uitility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not axcead 116 degrees F (46,7 degrees C). (k) This Rule is not met as evidenced by: 1. Based on observations the facility failed to provide an adequate supply of hot water to all fixtures used by the residents between 100°F and 116°F.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY COMPLETED			
MORNING STAR AL #4 PREMIX (SAMMARY STATEMENT OF DEFICIENCIES (SAMMARY STATEMENT OF DEFICIENCY WILL THE PROPERTY OF DEFICIENCY AND THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF DEFICIENCY (No. 1) AND THE APPROPRIATE OF THE APPROPRIATE OF DEFICIENCY (No. 1) AND THE APPROPRIATE OF DEFICIENCY (No. 1) AND THE APPROPRIATE OF DEFICIENCY (No. 1) AND THE APPROPRIATE OF THE APPROPRIAT			HAL078067	B. WING		06/0	9/2016	
PEMBROKE, NC 28372 PAGE DEPARTMENT PROPERTY OF DEFICIENCIES PRESENT PROPERTY PLAN OF CORRECTION (MACH DEFICIENCY OF LES DEPARTMENT OF DEFICIENCY) PAGE PAGE PROPERTY PROPERTY PAGE PAG	NAME OF S	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
C 191 Continued From page 7 portable electric heaters are prohibited. (k) This Rule shall spply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility failed to provide an adequate supply of households be of provide an adequate supply of households be provided an adequate supply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility failed to comply with the rule prohibiting portbale electrical heaters. Finding on 06/09/2016: a. Exterior Fire Sprinkler Room - Two portable heaters were in use in the room. C 198 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, isundry, housekeeping closels and soil utility froom. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not acceed 116 degrees F (46.7 degrees C). (k) This Rule is abail apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidanced by: 1. Based on observations the facility failed to provide an adequate supply of hot water to all fixtures used by the residents between 100°F and 116°F.	MORNIN	G STAR AL #4						
portable electric heaters are prohibited. (k) This Rule shall apply to new and existing fecilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility failed to comply wit the rule prohibiting portbale electrical heaters. Finiding on 05/09/2016: a. Exterior Fire Sprinkler Room - Two portable heaters were in use in the room. C 195 Hot Water System SECTION.0300 - PHYSICAL PLANT 10A NCAC 13F 0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, isundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule is not met as evidenced by: 1. Based on observations the facility failed to provide an adequate supply of hot water to all fixtures used by the residents between 100°F and 116°F.	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE OROSS-REFERENCED TO THE APPROPRIATE		COMPLETE	
SECTION .0300 = PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, isundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 118 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations the facility failed to provide an adequate supply of hot water to all fixtures used by the residents between 100°F and 116°F.	C 191	portable electric her (k) This Rule shall facilities with the ex which shall not app. This Rule is not me 1. Based on observ comply wit the rule heaters. Finiding on 06/09/20 a. Exterior Fire Spri.	aters are prohibited. apply to new and existing ception of Paragraph (e) by to existing facilities, at as evidenced by: ation the facility failed to prohibiting portbale electrical of the prohibiting portbale elec	C 191	Due partoble heater have been remove	se ed	ىدا دات	
REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations the facility failed to provide an adequate supply of hot water to all fixtures used by the residents between 100°F and 116°F.	C 195		PHYSICAL PLANT	Ç 195				
1. Based on observations the facility failed to provide an adequate supply of hot water to all fixtures used by the residents between 100°F and 115°F.		REQUIREMENTS (d) The hot water s provide an adequat kitchen, bathrooms closets and soil util temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C) (k) This Rule shall facilities with the ex-	eystem shall be of such size to be supply of hot water to the plandry, housekeeping ity room. The hot water extures used by residents shall minimum of 100 degrees Fill shall not exceed 116 degrees apply to new and existing exception of Paragraph (e)					
		Based on observer provide an adequate fixtures used by the 116°F.	rations the facility failed to te supply of hot water to all residents between 100°F and					

Division	Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. RUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL078067	B. WING		06/09/2016			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE				
MORNIN	G STAR AL #4	941 GOIN PEMBRO	S ROAD KE, NC 283	72				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOUL OROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE			
C 195	Continued From pa	ge 8	C 195					
	locations used by re	res taken at four different esidents showed resulting at a low of 94°F and a high	(4)	the water temperate frame been recent to recent temperate per rules and region and regio	7./14			
			,					